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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 11/22/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after
Verifier and Acknowledged	<i>E. M. Clarke</i> <i>SGT</i>
Examiner's Signature	Initials
STATE OR COUNTRY	FL
SHEETS DRAWING	2
TOTAL CLAIMS	23
INDEPENDENT CLAIMS	5

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## TITLE

MASK SYSTEM AND METHOD FOR STEREOTACTIC RADIOTHERAPY AND IMAGE GUIDED PROCEDURES

FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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